BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number
_
12/2/200

I —									<u> </u>		·	
CLAIMS AS FILED - PART I								SMALL ENTITY				R THAN
F	TOTAL CLAIM	S .	(Column 1)		(Column 2)		7	TYPE	FEE		SMALL	
F	OR	· ·	NUMBER FILED		NUMBER EXTRA		-	BASIC FE			PATE PASIC FEE	FEE 770.00
-	OTAL CHARGE	ABLE CLAIMS	5 minus 20=		*		1	<u> </u>	- 000.0	TOH	ļ	770.00
-	DEPENDENT C	 	15		*		1	X\$ 9=	 	OR	·X\$18=	ļ
<u> </u>	· · · · · · · · · · · · · · · · · · ·	NDENT CLAIM F		ninus 3 =				X43=		OR	X86=	
L		·		·]	+145=	Ì	OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	770
		CLAIMS AS (Column 1)	AMENDE	MENDED - PART II (Column 2) (Column 3)			1	SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER JUSLY	PRESENT		RATE	ADDI- TIONAI FEE	7	RATE	. ADDI- TIONAL FEE
NON	Total	*	Minus	**		=.		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X43=		OR	X86=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											<u> </u>
							L	+145=	ļ	OR	+290= TOTAL	
							А	DOIT. FEE	L	JOR,	ADDIT. FEE	
-	<u> </u>	(Column 1) CLAIMS	1	(Colum HIGHE		(Column 3)	1 r		4001	י ד		4001
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total .	*	Minus	4.4		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus ⁻	***		=		X43=		OR	X86=	<u>.</u>
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	. 1.15		1 1		
								+145=		OR	+290= TOTAL	
								DOIT FEE		OR A	DOIT. FEEL	
		(Column 1) . CLAIMS	 	(Columi		(Column 3)						
AMENDIMENTO		REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ER ISLY	PRESENT EXTRA		RATE :	ADDI- FIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· •	Minus	10,		я .		X\$ 9=		OR -	X\$18=	
1	Independent	A	Minus	1-4 1-		ч		X43=		-	X86=	
	FIRST PRESE	VIATION OF MU	LTIPLE DEP	ENDENT C	CLAIM					OR		
								145=		OB	£290≖	.
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20" ADDIT FEE OR ADDIT FEE												
		iber Previously Pai er Previously Paid							oniate box			